

## Transcription for Episode 9: Overcoming Cancer

*Run Time: 11:15*

AH: Allison Hitt (host, co-executive producer)

BK: Ben Kuebrich (co-executive producer)

*Cue music: “Quartz Boy” by Pixie Lord.*

**AH:** You’re listening to This Rhetorical Life, a podcast dedicated to the practice, pedagogy, and public circulation of rhetoric in our lives.

This week’s episode addresses the overcoming rhetoric around cancer and the expectations that we set for women’s bodies—a conversation that stems from Angelina Jolie’s *New York Times* op-ed published May 14th.<sup>1</sup> I’m your host, Allison Hitt.

Two weeks ago, I was visiting my dad in my hometown in West Virginia. On Tuesday, May 14th, I was lying in bed, covers pulled up to my neck, eyes squinting at my phone—my usual morning routine. As I checked Facebook and Twitter, though, I saw friends reposting an article. Angelina Jolie had written an op-ed titled “My Medical Choice” describing her decision to undergo preventative double mastectomy surgery.

*News clip: Angelina Jolie shocked everyone when she revealed Tuesday that she had both breasts removed when doctors told her she was at risk for breast cancer.*

**AH:** When Sharon Osbourne had preventative double mastectomy surgery last fall, I was amazed. I was teaching a writing course themed around Reimagining the Normal and showed the article to my students. In the interview, Osbourne said, “I didn’t even think of my breasts in a nostalgic way, I just wanted to be able to live my life without that fear all the time.”<sup>2</sup> Osbourne had reconstructive surgery but said, “I’m happy with them but I wasn’t concerned with how they would look—I wanted to be cancer-free.”

This surgery is a brave decision for any woman—particularly a celebrity in the spotlight—and the emphasis on health rather than the integrity of one’s breasts is admirable. Which is why that morning, I was certain that I had misread the article stating Angelina Jolie—the ultra-woman of celebrity women—had chosen to have a double mastectomy.

What does it mean for an international sex symbol to *choose* to have her breasts removed, the very things that we often use to measure a woman’s femininity and sex appeal?

If nothing else, it’s certainly bold—a move that bucks the idea of the “perfect” and “natural” and “untouched” breasts and a move that might inspire some women to take similar measures. Jolie herself says that she “hope[s] that other women can benefit from [her] experience,” something doctors have been very quick to qualify because more than 99% of women are *not* at risk for the BRCA1 and BRCA2 genes that may cause breast

and ovarian cancers.

It was not this, though, that made me increasingly uneasy as I read Jolie's op-ed.

May 8th was the 4th anniversary of my mother's death, and her birthday at the end of the month is now looming nearer. And this op-ed was published two days after Mother's Day, what is easily one of the most difficult holidays for me to get through. My mom had breast cancer in the early 1990s and underwent a single mastectomy and partial hysterectomy. Despite annual checkups, the doctors didn't detect the ovarian cancer that she was diagnosed with in 2005. It was advanced stage, "been there for years," they said.

When I was in college, I would occasionally drive my mom to her doctor's appointments. One day, the doctor asked me if I planned on having kids. Flabbergasted by the question, I said I didn't know. I was told that I should make up my mind soon; otherwise, I should consider having a full hysterectomy.

Every time I go to the doctor now, I get asked if I want to do the genetic screening. Before the Genetic Information Nondiscrimination Act of 2008, I was told that if I did have the screening and *did* have the faulty genes, my insurance might drop me. Now, that's not as significant of a worry, although some insurance companies will cover the screening and refuse the cost of the surgery.

The larger fear, for me, is that even if I'm tested and carry the genes, that doesn't necessarily guarantee me of anything. A family member's sister found out that she carried the gene for ovarian cancer and very recently underwent a preventative hysterectomy. After the procedure, the doctor found traces of ovarian cancer cells, and she'll be starting chemotherapy this summer.

Jolie writes in her piece, "Cancer is still a word that strikes fear into people's hearts, producing a deep sense of powerlessness. But today it is possible to find out through a blood test whether you are highly susceptible to breast and ovarian cancer, and then take action." Cancer strikes fear into people's hearts because it's a fearful thing, and this is a significant reason why I take issue with this piece.

*News clip: "Life comes with many challenges," she wrote. "The ones that should not scare us are the ones we can take on and take control of."*

**AH:** It's the same overcoming narrative that we hear and see elsewhere. It's the billboard on the side of the interstate that reads, "Threw cancer a curve ball. Overcoming. Pass it on." The image features a young boy dressed in a baseball uniform with one leg. It's the idea that if *I* can overcome cancer, so can *you*. It's the idea that if I have a hysterectomy, I'll be fine. It's the idea that *you* have the power to get a preventative double mastectomy *if you choose*, not factoring in whether you have insurance and your insurance will cover it, whether you can take off work for the extensive recovery period, whether you can pay for the reconstructive surgery or even *want* it, and whether you will still be at risk for cancer—which Jolie openly admits can be caused from a number of factors.

Overcoming rhetoric has firm roots within disability rhetoric. Disability studies scholar Simi Linton describes overcoming as a way to make a disabled person seem more competent and successful, a way to show that disability no longer limits that person, that “sheer strength or willpower has brought the person to the point where the disability is no longer a hindrance” (17).<sup>3</sup> The problems with this idea of overcoming are many. It positions disability as something that could not possibly be desirable and must therefore be overcome, *cured* in some way. It’s also the idea that overcoming is a “personal triumph over a personal condition,” (18) that there aren’t larger systemic issues at work in this dynamic. Overcoming is not often generated within the disability community; rather, Linton describes it as a desire generated from the outside (18).

Overcoming rhetoric is not limited to disability—we see it in motivational messages every day that ask people not to let obstacles get in their way, as if they can so simply choose to make those decisions. And while Jolie’s op-ed is not about disability per se, there are strong overlaps here to how we make choices about our bodies, how we represent our bodies, and how we literally (through reconstructive surgery) construct our bodies to fit the norms set for them by societal conceptions of “beauty” and “woman.”

Stories like this hurt. With any rhetoric of overcoming, there is the reminder that some people do not overcome—positioning them as weaker, less able. People with advanced stage cancer don’t last long. My mom had over 55 chemotherapy treatments over four years and a full dose of radiation in late 2008. She was diagnosed a couple weeks before my high school graduation in 2005 and died one week before my college graduation in 2009.

When I read articles like this op-ed, I want to cry and punch things and roll around on the ground because overcoming rhetoric obscures the material realities of people who cannot and do not overcome cancer. The idea of “I did it and you can too” obscures the fact that my mom and people like her did everything in the books to try to beat it. That should not discredit their attempts and their experiences.

Reflecting on her own children, Jolie writes, “It is reassuring that they see nothing that makes them uncomfortable. They can see my small scars and that’s it. Everything else is just Mommy, the same as she always was.” It’s the idea that you have to be as normal as humanly possible in order to make cancer seem as not-scary as possible. There are risks to reconstructive surgery, sure. My best friend’s mother had breast cancer when my friend was in elementary school. She had reconstructive surgery to appear more “normal.” The cancer returned and killed her.

But there’s also this larger notion that women *must* have their breasts in order to be women, to be “Mommy,” to be the same as always. My mom had a huge mastectomy scar, and it didn’t make her any less of a woman or mother. And when my mom was dying, you can bet I didn’t care about that scar across her chest or the ovaries missing from her pelvis. Women shouldn’t be expected to worry about saving their lives and still looking “good” and “normal” because *cancer isn’t good and normal*.

It may sound silly, but I was shocked when I saw the tagline for this article because I thought, for a few minutes at least, that Angelina Jolie—the symbol of all that is woman—had a double mastectomy without the reconstructive surgery.

Jolie should be applauded for her decision because it's a brave and smart decision, but this "I'm just like you" rhetoric obscures the fact that no, she's not. I'm sure many women don't know the preventative options available to them, but many women simply don't have those options. And if they do, they may not have access to the resources and very best doctors that someone with Jolie's capital surely does.

Women, as much as they possibly can, need to be educated—and educate themselves—about their bodies and what they can do to keep those bodies safe. These glossed-over stories about overcoming, however, can do more harm than they can good to an unknowing reader. And the idea that women must maintain their breasts in order to be "the same as always" is just as hurtful. It was disability activist Laura Hershey who wrote, "It is an uncomfortable truth . . . that actions which are intended to help a certain group of people may actually harm them" (230).<sup>4</sup>

I'm Allison Hitt, and you've been listening to This Rhetorical Life.

*Cue music: "Cartoon Friend" by Pixie Lord.*

**BK:** This Rhetorical Life is brought to you by graduate students in the Composition and Cultural Rhetoric Program at Syracuse University. Executive Producers of This Rhetorical Life are Ben Kuebrich and Allison Hitt with additional production and editing from Karriann Soto, Tamara Issak, and Seth Davis.

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<sup>1</sup> Jolie, Angelina. "My Medical Choice." *NYTimes.com*. The New York Times Company. 14 May 2013. Web.

<sup>2</sup> "Sharon Osbourne: 'Why I Chose to Have a Double Mastectomy.'" *Hello! Daily News*. 5 Nov. 2012. Web.

<sup>3</sup> Linton, Simi. *Claiming Disability: Knowledge and Identity*. New York: New York UP, 1998. Print.

<sup>4</sup> Hershey, Laura. "From Poster Child to Protestor." *Critical Encounters with Texts: Finding a Place to Stand*. 8th ed. Boston: Pearson Learning Solutions, 2012. 229-42. Print.